

10/525596

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GRIFFITH HACK

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The Receiving Office

Attention: Isobel Tyson

*****URGENT*****

BY FACSIMILE
02 6283 7999

23 November 2004

Madam

**IN THE MATTER OF International Patent Application No. PCT/AU2003/001075
in the name of ROYAL WOMEN'S HOSPITAL**

- and -

**IN THE MATTER OF Written Opinion International Preliminary Examination
Our Ref: VS:AJH:JML:FP18291**

We refer to the Written Opinion dated 21 July 2004 issued by the International Preliminary Examining Authority in respect of this application, and lodge herewith a Demand for International Preliminary Examination together with the prescribed fee of \$768.00.

Without any way acknowledging any basis to the Examiner's objections, the applicant has taken this opportunity to amend the claims of the application under Article 19 of the PCT, to specify that avian antibodies are used in the invention. Copies of our correspondence dated 23 November 2004 to the World Intellectual Property Organisation, and the enclosures referred to therein as amended, are enclosed for the Examiner's convenience.

Moreover, the applicant respectfully draws the Examiner's attention to page 14, second full paragraph, of the specification. This passage clearly discloses the particular advantages associated with the use of an avian antibody. Thus the applicant respectfully submits that claimed invention is indeed novel and inventive in the light of the cited prior art.

Favourable reconsideration is requested.

Yours faithfully

**GRIFFITH HACK
MELBOURNE OFFICE**

Kevin Parker
K. PARKER

MELBOURNE

SYDNEY

PERTH

BRISBANE

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:

IPEA/ _____

PCT

DEMAND

CHAPTER II

under Article 31 of the Patent Cooperation Treaty:

The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation

For international Preliminary Examining Authority use only

Identification of IPEA	Date of receipt of DEMAND
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Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION		Applicant's or agents file reference VS:FP18291	
International application No. PCT/AU2003/001075	International filing date (day/month/year) 22 August 2003	(Earliest) Priority date (day/month/year) 23 August 2002	
Title of the invention DEPLETION OF PLASMA PROTEINS			
Box No. II APPLICANT(S)			
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country) ROYAL WOMEN'S HOSPITAL 132 GRATTAN STREET CARLTON VIC 3053		Telephone No.	
		Facsimile No.	
		Teleprinter No.	
		Applicant's Registration No. with the office	
State (that is, country) of nationality: Australia		State (that is, country) of residence: Australia	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country) RICE, Gregory, E. 23 Braden Brae Drive Warranwood, Victoria 3134			
State (that is, country) of nationality: Australia		State (that is, country) of residence: Australia	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country) BAKER, Mark, S 33 Chianti Court Glenwood, New South Wales 2768			
State (that is, country) of nationality: Australia		State (that is, country) of residence: Australia	

☒ Further applicants are indicated on a continuation sheet.

Form PCT/IPEA/401 (first sheet only) (January 2004)
to the demand form

See Notes

Continuation of Box No. II APPLICANT(S)

If none of the following sub-boxes are used, then this sheet should not be included in the demand (renumber pages accordingly).

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)*

QUINN, Michael
4/28 Groom Street
Clifton Hill, Victoria 3068

State *(that is, country)* of nationality:
Australia

State *(that is, country)* of residence:
Australia

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)*

State *(that is, country)* of nationality:

State *(that is, country)* of residence:

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)*

State *(that is, country)* of nationality:

State *(that is, country)* of residence:

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)*

State *(that is, country)* of nationality:

State *(that is, country)* of residence:

☐ Further applicants are indicated on a continuation sheet.

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The following person is ☒ agent ☐ common representative
and ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination.
☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked
☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: (Family name followed by given name; for a legal entity, full official designation.
The address must include postal code and name of country)

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Teleprinter No.

Agent's Registration No. with the office

☐ Address for correspondence: Mark this checkbox where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION

Statement concerning amendments*

1. The applicant wishes the international preliminary examination to start on the basis of:
☒ The international application as originally filed
the description ☐ as originally filed
☐ as amended under Article 34
the claims ☐ as originally filed
☒ as amended under Article 19 (together with any accompanying statement)
☐ as amended under Article 34
the drawings ☐ as originally filed
☐ as amended under Article 34
2. ☐ The applicant wishes any amendment to the claim under Article 19 to be considered reversed.
3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of the applicable time limit under Rule 69.1(d).
4. ☐ The applicant expressly wishes the international preliminary examination to start earlier than at the expiration of the applicable time limit under Rule 54bis.1(a).

* Where no checkbox is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purpose of international preliminary examination: ENGLISH

- ☒ which is the language in which the international application is filed
☐ which is the language of a translation furnished for the purposes in international search
☐ which is the language of publication of the international application
☐ which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

Box No. V ELECTION OF STATES

The filing of this demand constitutes the election of all Contracting States which are designated and are bound by Chapter II of the PCT.

Form PCT/IPEA/401 (second sheet) (January 2004)
the demand form

See Notes to

Box no. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- | | | |
|----|---|--------|
| 1. | translation of international application: | sheets |
| 2. | amendments under Article 34: | sheets |
| 3. | copy (or where required, translation) of amendments under Article 19: | sheets |
| 4. | copy (or where required, translation) of statement under Article 19: | sheets |
| 5. | letter: | sheets |
| 6. | other (<i>specify</i>): | sheets |

For International Preliminary
Examining Authority use only

received not received

☐☐☐☐☐☐☐☐☐☐☐☐

The demand is accompanied by the item(s) marked below:

- | | |
|--|--|
| 1. <input type="checkbox"/> fee calculation sheet | 5. <input type="checkbox"/> statement explaining lack of signature |
| 2. <input type="checkbox"/> separate signed power of attorney | 6. <input type="checkbox"/> sequence listing in computer readable form |
| 3. <input type="checkbox"/> original general power of attorney | 7. <input type="checkbox"/> tables in computer readable form related to a sequence listing |
| 4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: | 8. <input type="checkbox"/> other (<i>specify</i>): |

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand)

Signature
VIVIEN SANTER

22/11/2004
Date

of Griffith Hack for and behalf of the applicant(s)

For International Preliminary Examining Authority use only

1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

3. ☐ The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply

☐ The applicant has been informed accordingly

4. ☐ The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of rule 80.5

5. ☐ Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

6. ☐ The date of receipt of the demand is AFTER the expiration of the time limit under Rule 54bis.1(a) and item 7 or 8, below, does not apply.

7. ☐ The date of receipt of the demand is WITHIN the time limit under Rule 54bis.1(a) as extended by virtue of Rule 80.5.

8. ☐ Although the date of receipt of the demand is after the expiration of the time limit under Rule 54bis.1(a), the delay in arrival is EXCUSED pursuant to Rule 82.

Demand received from IPEA on:

For International Bureau use only

Form PCT/IPEA/401 (last sheet) (January 2004)
the demand form

See Notes to

PCT

CHAPTER II

FEE CALCULATION SHEET

Annex to the Demand for international preliminary examination

International application No. PCT/AU2003/001075	For International Preliminary Examining Authority use only
Applicant's or Agent's file reference VS:FP18291	Date stamp of the IPEA
Applicant ROYAL WOMEN'S HOSPITAL	
Calculation of prescribed fees	
1. Preliminary examination fee	P
2. Handling fee (<i>Applicants from certain states are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25 of the handling fee.</i>)	H
3. Total prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box	TOTAL
Mode of Payment	
<input type="checkbox"/> authorisation to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash
<input type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons
<input type="checkbox"/> bank draft	<input type="checkbox"/> other (<i>specify</i>):
Authorisation to Charge (or Credit) Deposit Account (<i>This mode of payment may not be available at all IPEA's</i>)	
<input type="checkbox"/> Authorisation to charge the total fees indicated above	IPEA/ _____
<input type="checkbox"/> (<i>this check box may be marked only if the conditions for deposit accounts of the IPEA so permit</i>) Authorisation to charge any deficiency or credit any overpayment in the total fees indicated above	Deposit Account Number _____
	Date _____
	Name _____
	Signature _____

